

Revisions and responses to reviewer's comments and those of the Editor-in-Chief.

Reviewer 1

Dear Authors, It is excellent article. I have not any comments.

Thank you very much for your kind comment.

Reviewer 2

The characteristics of early gastric cancer: On the other hand, early gastric cancer is often associated with lymph-node metastasis (This should be edited to: rarely associated with...)

Thank you very much for your helpful comments.

According to the suggestions, the text has been changed.

Less invasive surgical treatment Although it is difficult to conclusively establish the minimal invasiveness of laparoscopic gastrectomy, it is suggested by the shorter time to first flatus and shorter hospital stays (This should be edited, because in RCT laparoscopic gastrectomy has proven to have lower postoperative morbidity).

This point is exactly as you have pointed out. The cited reference [49] is the most reliable meta-analysis of RCT at the present time. This paper concludes that LADG was superior to ODG in the two items of wound dehiscence and respiratory complications. Therefore, we have edited the relevant sentence to read as follows: The advantages of laparoscopic gastrectomy over conventional open surgery are as follows: the smaller size of the incision; lower number of times analgesic is required; lesser amount of intraoperative hemorrhage; and fewer occurrences of wound dehiscence and respiratory complications. ~' P10L9-13.

Limited surgery for early gastric cancer There are also some cases in which reflux esophagitis or gastric stasis are generated after PG. (This should be edited because this is an understatement, most patients with PG develop GERD for this reason this procedure has not gained wide acceptance, especially in the western hemisphere)

As you pointed out, reflux esophagitis in PG is a serious problem. Thus, I have changed

the statement 'There are also some cases in which reflux esophagitis or gastric stasis are generated after PG' into 'There are also many cases in which reflux esophagitis or gastric stasis are generated after PG'. Therefore, most surgeons in Japan have added anti-reflux procedure to PG.

Editor-in-Chief

Thank you for your kind consideration.

Please change your figures to color figures (Figures 1-5). Comments from editor-in-chief. Regarding to the figures, please provide the decomposable figure of figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "Manuscript No. -Figures.ppt" on the system, we need to edit the words in the figures.

As you pointed out, I refined figures in color and compiled it into a PPT file. Tiff files of the original drawings are also included.

Audio core tip:

I made and posted the audio core tip.

Please distinguish between the title of the article series. Three levels of subtitles are allowed: (1) First subtitle: All in bold and capital; (2) Second subtitle: All in bold and italic; and (3) Third subtitle: All in bold.

All subtitles are first-level subtitles. I have changed all the subtitles to bold and capital.

Please don't include any *, #, ...in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters.

I have deleted all # symbols and used superscript numbers instead of *.

Please don't include abbreviations in the title of the figure/table.

I have changed 'ESD' to 'endoscopic submucosal dissection' in the titles and added (ESD) in the legend of Table 2.

Sub-tables are not allowed. Please change your table 1a to table 1, table 1b to table 2; and rearrange your tables in numerical order.

I have changed Table 2a into Table 2 and 2b into Table 3. Thus, now, we have Table 1, Table 2, and Table 3.